

**CITY OF SOMERVILLE
ISD/HEALTH DIVISION
1 FRANEY ROAD
SOMERVILLE, MA 02145
(617)625-6600 EXT. 4330**

**LICENSE APPLICATIONS FOR MASSAGE PRACTITIONER,
MASSAGE ESTABLISHMENT, OFF-PREMISES MASSAGE BUSINESS**

To obtain a license from the City of Somerville Board of Health you must have the following:

MASSAGE PRACTITIONER

1. You must provide proof of graduation and transcript from a Massage School which has a minimum of 500 hours of instruction and meets the standards of a state or national professional association.
2. You must provide proof of medical examination within 30 days of filing an application certifying that you are free of communicable disease transmitted by the practice of Massage, including Tuberculosis.
3. You must submit two (2) front faced portrait photographs (2"x2") taken within six (6) months with application.
4. You must provide written proof of age (birth certificate or driver's license).
5. You must complete a Board of Health application. Applications are accepted Monday through Friday 9:00 A.M to 3:00 P.M.
6. Board of Health license filing fee for a Massage Practitioner is \$150.00, and is non-refundable.

MASSAGE ESTABLISHMENTS AND OFF-PREMISES MASSAGE BUSINESSES

1. You must provide proof of authority to do business in Massachusetts and articles of corporation or partnership, including Federal Identification Number.
2. You must provide the name of applicant and each partner or limited partner of an applicant, if a partnership applicant, and each officer and director, if a corporate applicant, and any stockholder of a corporate applicant holding more than ten percent of the stock of the corporate applicant, and submit supplemental information pages for each individual, including written proof of age (birth certificate or driver's license) and two (2) front faced portrait photographs (2"x2") taken within six (6) months with the application.
3. You must complete a Board of Health application. Applications are accepted Monday through Friday, 9:00 A.M. to 3:00 P.M.
4. Board of Health license filing fee for Massage Establishments and Off-Premises Massage Businesses is \$250.00 if only one full or part time Massage Practitioner, and \$350.00 if two or more full or part time Massage Practitioners, and is non-refundable.

Payments can be made by business check or money order made out to City of Somerville Health Division.

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ISD/HEALTH DIVISION
1 FRANEY ROAD
SOMERVILLE, MA 02145
(617) 625-6600 EXT. 4330

MESSAGE PRACTITIONER LICENSE APPLICATION

License filing fee of \$150 submitted: Yes_____No_____

Applicant's Full Name:_____ Date:_____

Home Address:_____

Street:_____

Town/City:_____ State_____ Zip Code_____

Home Phone Number:_____ Business Phone Number:_____

Business Name:_____

Business Address:_____

Street

Town/City

State

Zip Code

Emergency Response Person:_____ Telephone:_____

All residential addresses of applicant for the past five (5) years:

D.O.B.:_____ Sex:_____ Height:_____ Weight:_____ Hair color:_____ Eye Color:_____

Proof of age (copy of birth certificate or driver's license) submitted: Yes_____No_____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes_____ No_____

Social Security Number:_____

Proof of medical examination within thirty (30) days submitted: Yes_____ No_____

Type of Massage to be practiced:_____

What education, training and experience have you had to qualify you to practice Massage?

Diploma and transcript received: Yes_____No_____

Former occupations or Massage occupations of applicant for past three (3) years:

Occupation

Name of Business and Address

At what place or places do you wish to be licensed to practice Massage?

Business Name

Address

Have you had a license or permit to practice Massage suspended or revoked by any agency or board, city, county or state? Yes_____ No_____

If yes, explain:

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

Signature of Applicant

Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

Signature of Applicant

Date

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1 FRANEY ROAD
SOMERVILLE, MA 02145
(617) 625-6600 EXT. 4330

APPLICATION FOR MESSAGE ESTABLISHMENT OR OFF-PREMISES MESSAGE BUSINESS LICENSE

License filing fee submitted: Yes _____ No _____

\$250 if one Massage Practitioner _____ \$350 if two or more Massage Practitioners

Business Name: _____

Applicant's Full Name: _____ Date: _____

Home Address: _____

No. Street

Town/City

State

Zip Code

Home Phone Number: _____ Business Phone Number: _____

Business Address: _____

No. Street

Town/City

State

Zip Code

Emergency Response Person: _____ Telephone: _____

All residential addresses of applicant for the past five (5) years:

D.O.B.: _____ Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Proof of age (copy of birth certificate or driver's license) submitted: Yes _____ No _____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes _____ No _____

Social Security Number: _____

State of Incorporation: _____

Proof of authority to do business in Mass. (tax #) submitted: Yes _____ No _____

Federal Identification Number: _____

Articles of corporation or partnership submitted: Yes _____ No _____

If a corporation or partnership, please give name, title, and home address of officers, partnerships, stockholders with 10% or more of the stock. Supplemental Information pages must be submitted for each individual.

Name	Title	Home Address	Home Telephone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Massage to be practiced:_____

Number of full or part time Massage Practitioners:_____

Former occupations or Massage occupations of applicant for past three (3) years:

Occupation	Name of Business and Address
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_____	_____
_____	_____
_____	_____

Have you had a license or permit to practice Massage or conduct a Massage Establishment or Off-Premises Massage Business suspended or revoked by any agency or board, city, county, or state?

Yes_____No_____

If yes, explain:

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

Signature of Applicant

Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

Signature of Applicant

Date

SUPPLEMENTAL INFORMATION

Massage Establishment and Off-Premises Massage Business applicants must attach Supplemental Information pages for each partner or limited partner of applicant, if a partnership applicant, and each officer and director, if a corporate applicant, and any stockholder of a corporate applicant holding more than 10% of the stock of the corporate applicant with the following information:

Business Name: _____

Additional Individual's Full Name: _____

Home Address: _____

No. Street

Town/City

State

Zip Code

Home Phone Number: _____ Business Phone Number: _____

Business Name: _____

Business Address: _____

No. Street

Town/City

State

Zip Code

All residential addresses of individual for the past five (5) years:

D.O.B.: _____ Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Proof of age (copy of birth certificate or driver's license) submitted: Yes _____ No _____

Two (2) front faced portrait photographs (2"x 2") within six (6) months submitted: Yes _____ No _____

Social Security Number: _____

Former occupations or Massage occupations of individual for past three (3) years:

Occupation

Name of Business and Address

Have you had a license or permit to practice Massage or conduct a Massage Establishment or Off-Premises Massage Business suspended or revoked by any agency or board, city, county or state?

Yes _____ No _____

If yes, explain:

List all criminal convictions, forfeiture of bond, or plea of nolo contendere, excluding traffic, misdemeanor or infraction violations:

I authorize and release the Board of Health to seek information or references necessary to verify the information contained in this application:

Signature of Applicant

Date

I certify under penalty of perjury that all information contained in this application is true and correct. Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.

Signature of Applicant

Date



CITY OF SOMERVILLE, MASSACHUSETTS
ISD/HEALTH DIVISION
Joseph A. Curtatone
Mayor

**FOLLOW STEPS BELOW TO OBTAIN A LICENSE FOR
MESSAGE PRACTITIONER, MESSAGE ESTABLISHMENT OR
OFF-PREMISE MESSAGE BUSINESS**

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

- | | | |
|--------|-----------------------------------|--|
| 1. () | Inspectional Services: | Certificate of Occupancy |
| 2. () | City Clerk Department: | Business Certificate |
| 3. () | Fire Prevention Bureau: | Approval - Fire Codes |
| 4. () | Finance Dept., Treasury Division: | Certificate of Good Standing |
| 5. () | Weights and Measures: | Measuring Devices |
| 6. () | ISD/Health Division: | 1. Provide Copy of Floor Plan
2. Return Completed Application –
Including Completed Sign Off Sheet |
| 7. () | Commonwealth of Massachusetts | Department of Industrial Accidents Affidavit |

Inspectional Services: _____
Date Approved Signature

City Clerk Department: _____
Date Approved Signature

Fire Prevention Bureau: _____
Date Approved Signature

Finance Department: _____
Date Approved Signature

Weights and Measures: _____
Date Approved Signature

Directions to Locations 1 through 6 (From Other Side)

- | | | |
|----|--|---|
| 1. | INSPECTIONAL SERVICES:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 5600 | Hours: Monday to Friday
8:30AM to 10:00AM
3:00PM to 4:00PM |
| 2. | CITY CLERK DEPARTMENT:
City Hall
93 Highland Avenue
Highland Avenue & School Street
617-625-6600 ext. 4100 | Hours: Monday to Wednesday
8:30AM to 4:30PM
Thursday – 8:30AM to 7:30PM
Friday – 8:30AM to 12:30PM |
| 3. | FIRE PREVENTION BUREAU:
255 Somerville Avenue
at Union Square
617-623-1700 | Hours: Monday to Friday
3:00PM to 5:00PM |
| 4. | FINANCE DEPARTMENT
TREASURY DIVISION:
City Hall
93 Highland Avenue
Highland Avenue & School Street
617-625-6600 ext. 3500 | Hours: Monday to Wednesday
8:30AM to 4:30PM
Thursday – 8:30AM to 7:30PM
Friday – 8:30AM to 12:30PM |
| 5. | WEIGHTS AND MEASURES:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 5907 | Hours: Monday to Friday
3:00PM to 4:00PM |
| 6. | ISD/HEALTH DIVISION:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 4330 | Hours: Monday to Friday
8:00AM to 9:00AM
3:00PM to 4:00PM |